

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36714

1. PLACE OF DEATH

County Jackson

Registration District No. 395

Township Kaw

Primary Registration District No. 1002

City Kansas City (No. 1720)

Prospect

File No.

Registered No. 4637

St.

Ward

2. FULL NAME

Mary Jane Curtis

(a) Residence, No.

1720 Prospect

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

David Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 3 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

11

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MO

MOTHER FATHER

13. NAME

Thomas Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

15. MAIDEN NAME

Rachel Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Mrs W. B. Osmer  
1720 Prospect

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Hill

DATE

Nov 28

1933

19. UNDERTAKER (ADDRESS)

Rose Henderson  
152 Jackson

20. FILED

Nov. 26, 1933

M. M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 25,

1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 25,

1933, to

Nov. 25

1933

I last saw her alive on Nov. 25, 1933 Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Nov. 25

Other contributory causes of importance:

Myocarditis (Chronic)  
duration several years

Name of operation None

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John D. Lewis

M. D.

(Address)

3546 Indiana

